



County of San Diego  
**HEALTH SERVICES ADVISORY BOARD**  
1600 Pacific Highway, San Diego, CA 92101-2417

**Tuesday, August 3<sup>rd</sup>, 2021**  
**3:00pm to 5:00pm**  
**Microsoft Teams**  
**MEETING MINUTES**

Members Present	Members Absent/Excused	Presenters	HHSA Support
Afflalo, Suzanne, Dr., <b>Vice Chair</b> Alverson Rodriguez, Lisa Arroyo, Geysil Correa, Linda Fraser, Tim Hailey, Katelyn Jantz, Barry Knoll, Gregory Lepanto, James Chair Seldin, Harriet, Dr. Sumek, Caryn (Alternate) Walters, Todd Bhatia, Anuj, Dr. Danielle Dorrington Hernandez, Elizabeth, Dr. Wooten, Wilma, Dr. Trinh, Anna-Mai Barry, Jantz Quijada, Prisci Eric McDonald Loose, Patrick Johnson, Jeff Yates, Judith Jennifer Tuteur Shah, Seema, Dr.	Dailey, Jack (Alternate) Ohmstede, Jennipher (Alternate) Tuttle, Henry Wade, Lindsay (Alternate) Alexiou, Dimitrios Remington-Cisneros, Therese Schultz, James Danielle, Dorrington Wooten, Wilma, Dr. Fraser, Tim (Alternate) Hegyi, Paul Shaplin, Judith Motadel, Kelly, Dr. Orozco-Valdivia, Barbara Hegyi, Paul Melgoza, Ana	<b>CalAIM</b> <i>Presentation</i> <i>Jennifer Tuteur, MD, Deputy Chief Medical Officer, Medical Care Services Department, Julie Howell, Senior Health Policy Advisor, Health and Human Services Agency.</i>  <b>Authorize Procurements for Immunization Services Board Letter</b> <i>Presentation</i> <i>Seema Shah, MD, Epidemiology and Immunizations Services Branch Medical Director</i>  <b>Authorize Single Source Procurement for Water Quality Lab Equipment Board Letter</b> <i>Presentation</i> <i>Syreeta Steele, PhD, Assistant Director, Public Health</i>	Dr. Wilma Wooten, Public Health Officer & Director, PHS  Dr. Elizabeth Hernandez, Assistant Director, PHS  Dr. Anuj Bhatia, Deputy Director, PHS  Dr. Kelley Motadel, Child Health Officer, MCSD  Dr. Ankita Kadakia, Medical Director and Branch Chief, TCRH  Dr. Maggie Santibanez, AMSA, TCRH  Adrienne Yancey, Acting Branch Chief,

Members Present	Members Absent/Excused	Presenters	HHSA Support
Venus Zayas Julie Howell Hannah Mcalpine Mary Ann Lacaman Doyle Jaca Bardia Moojedi Llango Samhita Steele, Syreeta Kristen Dimou Jamie Beam		<i>Laboratory</i>	MCFHS Romina Morris, Dep. Budget Mgr., PHS  Alison Sipler, Program Coordinator, MCFHS  Christine Bride, HPPS, MCFHS  Danielle Dorrington, Admin. Analyst III. PHS Admin  Rodrigo Ibanez, Admin Analyst III, TCRH  Catherine Bender, TEP, TCRH  Marti Brentnall, CHPS, TCRH  Pedro Hirsch, Administrative Secretary II, PHS Admin  Anna-Mai Trinh Administrative Secretary II, PHS Admin  <b>Additional COSD Staff Present:</b>

Members Present	Members Absent/Excused	Presenters	HHSA Support
			<p>Amy Thompson, Executive Finance Director, HHSA</p> <p>Ardee Apostol, Asst. Group Finance Dir, HHSA</p> <p><b>Other Attendees:</b></p> <p>Barbara Orozco- Valdivia, Stakeholder Engagement Manger, Blue Shield California</p> <p>Samhita Ilango, Student</p>

Minutes	Lead	Follow- up Actions	D u e
	James	Legislative Committee – Need 2 more members	
<b>Next Meeting:</b> HSAB Meeting: Tuesday September 7 <sup>th</sup> 2021, 3:00 – 5:00 pm – Microsoft Teams			
Agenda Item	Discussion		
I. Welcome & Introductions	<p>1. James Lepanto called the meeting to order at 3:04 PM.</p> <p>2. Roll call was noted, and quorum established.</p>		

<b>II. Action Items</b>	<ol style="list-style-type: none"> <li>1. Approval of August Agenda and July Meeting Minutes               <ol style="list-style-type: none"> <li>a. Agenda: Moved by Tim Fraser and seconded by Geysil Arroyo.</li> <li>b. Minutes: Moved by Todd Walters and seconded by Seldin Harriet.</li> </ol> </li> </ol> <p>All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motions carried and the documents were approved.</p> <ol style="list-style-type: none"> <li>2. Approval of HSAB Ad Hoc Meeting Minutes               <ol style="list-style-type: none"> <li>a. Minutes: Moved by Tim Fraser and seconded by Seldin Harriet.</li> </ol> </li> </ol>	
<b>III. Public Comment</b>	<ol style="list-style-type: none"> <li>3. No public comment.</li> </ol>	
<b>IV. CalAIM</b> Presentation Jennifer Tuteur, MD, Deputy Chief Medical Officer, Medical Care Services Department, Julie Howell, Senior Health Policy Advisor, Health and Human Services Agency	<div data-bbox="1255 435 1308 495" data-label="Image"> </div> <p data-bbox="1184 500 1386 553">CalAIM Overview HSAB 8-3-21 FINAL .p</p> <p data-bbox="630 591 848 618"><b>MEDICAID BASICS</b></p> <ul style="list-style-type: none"> <li>▪ Enacted by the US Congress in 1965 as Title XIX of the Social Security Act at the same time that Medicare was enacted as Title XVIII.</li> <li>▪ Entitlement program providing coverage to all individuals who meet eligibility criteria; enrollment freezes and waiting lists are not allowed.</li> <li>▪ Administered by federal Centers for Medicare &amp; Medicaid Services (CMS); financed through Federal-State partnership</li> <li>▪ Each state develops its own State Health Plan under guidelines from CMS               <ul style="list-style-type: none"> <li>▪ To make changes, state must submit and receive CMS approval of a State Plan Amendment (SPA).</li> <li>▪ To test new approaches with federal matching funds, state must request and receive a Waiver from CMS.</li> </ul> </li> </ul> <p data-bbox="630 1040 737 1068"><b>Medi-cal</b></p> <ul style="list-style-type: none"> <li>▪ Medi-Cal is California's Medicaid program administered by the California Department of Health Care Services (DHCS)               <ul style="list-style-type: none"> <li>▪ In 2021 ~14M enrollees, almost 1/3 of adult population and 1/2 of children</li> </ul> </li> <li>▪ Since early 2000s DHCS has received a series of Waivers to test innovations in Medi-Cal               <ul style="list-style-type: none"> <li>▪ Section 1115 Demonstration Waivers: 2015 – 2021 “Medi-Cal 2020”</li> <li>▪ Section 1915(b) Managed Care Waiver</li> </ul> </li> <li>▪ State contracts directly with Managed Care Plans (MCPs)               <ul style="list-style-type: none"> <li>▪ &gt;80% enrolled in MCPs</li> <li>▪ Each MCP establishes a defined network of providers and pays them directly (payment models vary).</li> </ul> </li> </ul>	

## Services Provided – 2021

### SERVICES PROVIDED - 2021



#### Services Provided through MediCal Managed Care Plans

- Preventive/Wellness Services
- Medical/Surgical
- Pediatric
- Maternity Care
- Emergency Services
- Hospital Services
- Behavioral Health (for mild/moderate illness)
- Prescription Drugs

#### Services “Carved Out” of MediCal Managed Care

- Specialty Mental Health Services
- Substance Use Disorder (SUD) Treatment
- Long-Term Care (LTC)
- Long Term Services and Supports (LTSS)
- California Children’s Services (CCS)
- Dental Services

## CalAIM Overview

CalAIM “California Advancing and Innovating Medi-Cal” is a framework developed by DHCS that encompasses broad-based delivery system, program and payment reform across the Medi-Cal program.

- Leverages Medi-Cal as a tool to address complex challenges, such as homelessness, behavioral health care access, growing justice-involved populations, and the growing aging population.
- Provides a whole-person care approach that targets Social Determinants of Health and reduces health disparities and inequities.
- Takes a population health, person-centered approach to providing services and focuses on improving outcomes for all Californians.
- Builds on experience from the Whole Person Care Pilots and Health Home Program in selected counties (including San Diego) to propose statewide implementation of a new Enhanced Care Management (ECM) benefit and associated In-Lieu-of Services (ILOS).
- Will use both Section 1115 Demonstration and 1915(b) Managed Care Waivers.

## CalAIM Goals

- Identify and manage member risk and need through whole-person care approaches and by addressing Social Determinants of Health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and

- Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform.

### CalAIM Key Components

#### CalAIM KEY COMPONENTS



- Enhanced Care Management (ECM)
- In-Lieu-of Services (ILOS)
- Population Health Management
- MCP Shared Risk, Shared Savings, & Incentives
- Behavioral Health, including Drug Medi-Cal Organized Delivery System (DMC-ODS)
- Justice-Involved Populations
- Full Integration Plans
- Managed Long-Term Services and Supports (MLTSS)
- Dental Services
- Long-Term Plan for Foster Care

### Cal AIM Behavioral Health components

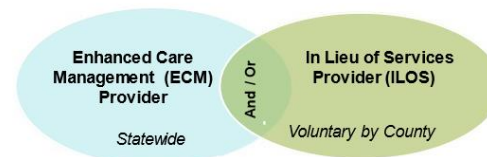
- Payment reform to transition from cost-based payment to outcomes and quality-based payments.
- Revision of medical necessity criteria to delineate and standardize requirements to improve access.
- Peer Support Specialist Services included at County option.
- Administrative Integration of SMHS and SUD Treatment Services into a single integrated Behavioral Health Plan by 2027.

### Drug Medi-Cal - Organized Delivery System (DMC – ODS)

- 5-year renewal from 1/1/2022- 12/31/2026.
- Add ASAM level 0.5 for beneficiaries under age 21.
- Add contingency management as an optional service.

### ENHANCED CARE MGMT & IN LIEU OF SERVICES

## ENHANCED CARE MGMT & IN LIEU OF SERVICES



**ECM Goal:** provide a whole-person approach to care. Address clinical and non-clinical needs through a new Medi-Cal **benefit**.

**ILOS Goal:** Medically appropriate and cost-effective alternatives to State Plan services. MCPs choose which ILOS to offer.

### ECM Target Populations

- Individuals experiencing homelessness, chronic homelessness or who are at risk of becoming homeless.
- High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits.
- Individuals at risk for institutionalization with SMI, SUD, or children and youth with SED
- Individuals at risk for institutionalization, eligible for long-term care.
- Nursing facility residents who want to transition to the community
- Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community.
- Children and youth with complex physical, behavioral, and/or developmental health needs

### ECM Core Components

- Comprehensive Assessment and Care Management Plan
- Enhanced Coordination of Care
- Health Promotion
- Comprehensive Transitional Care
- Member and Family Support
- Coordination of and Referral to Community and Social Support Services

## ECM Providers

To ensure that ECM will be community-based, interdisciplinary, high-touch, and person-centered, MCPs will be required, with limited exceptions, to contract with local ECM Providers, such as:

- Behavioral Health Providers
- Community-Based Organizations
- FQHCs
- Indian Health Service Providers and Clinics
- Organizations serving People Experiencing Homelessness
- Organizations serving Justice-Involved Individuals
- County Providers

## Ilos – initial 14

### ILOS – INITIAL 14



- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities, RCFE and ARF
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation

## ECM & ILOS Model of Care

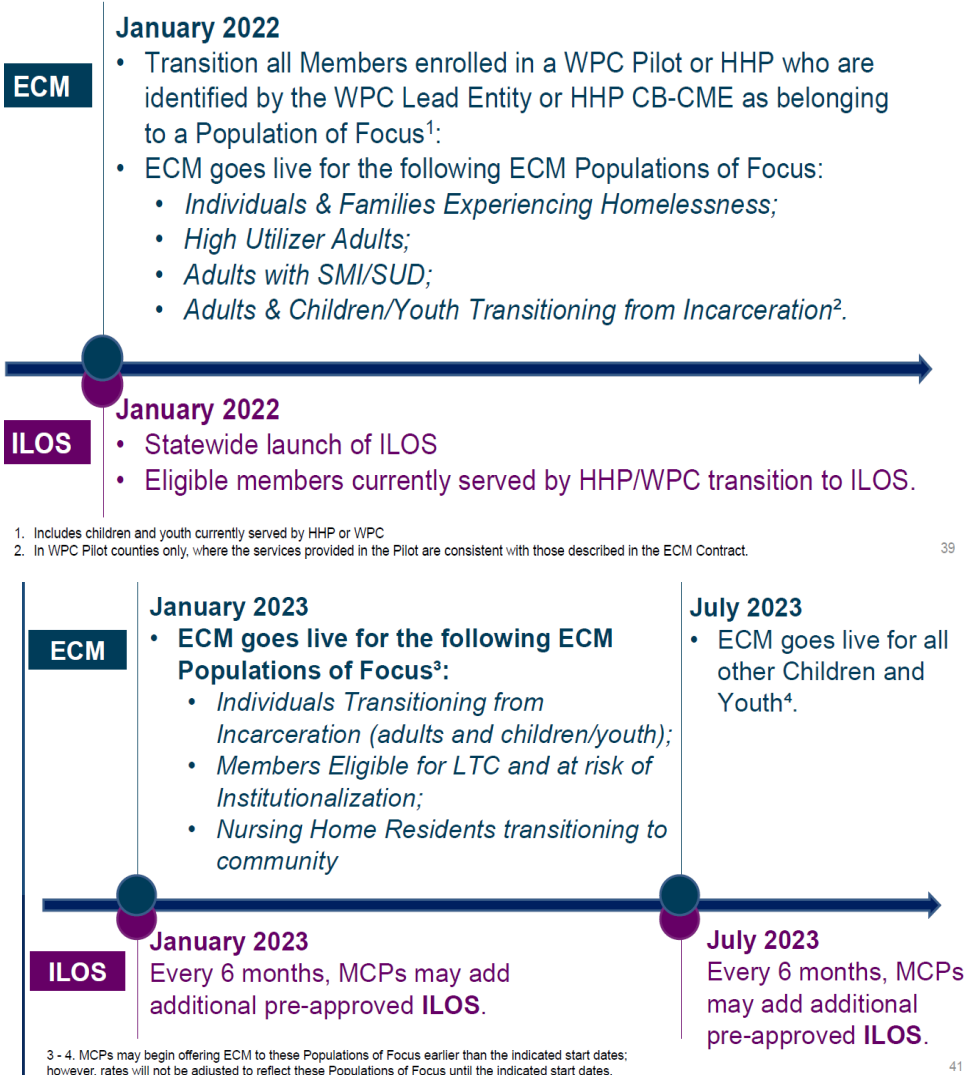
The ECM and ILOS Model of Care (MOC) will be each MCP's unique plan for providing ECM and ILOS.

- MOC must align with DHCS contract requirements, while allowing MCP flexibility to develop a plan that meets the needs of their Members and communities.
- Includes Transition Plans for enrollees from the Whole Person Wellness (WPW) Pilot and Health Homes Program into ECM/ILOS
- Provides Policies and Procedures for delivery of each ECM Core Service Component



- Provides details of data systems and data sharing to support ECM and ILOS
- DHCS Contract Template encourages MCPs to “collaborate with other MCPs in their county on the Model of Care.”

### ECM/ILOS Implementation Timeline



39

41

### **Local CalAIM/SDAIM Implementation**

San Diego is a Geographic Managed Care County

- 7 Managed Care Plans, each with its own Model of Care (MOC), including proposed ECM Providers and ILOS
  - Aetna
  - Blue Shield Promise
  - Community Health Group
  - Health Net
  - Kaiser
  - Molina
  - United Health Group
- Implementation of Health Homes Program demonstrated challenges for Community-Based Organizations to manage different contracting and operational requirements of 7 Plans.
- Efforts underway to coordinate implementation of ECM/ILOS

### **DHCS CalAIM/SDAIM MCP Re-Procurement**

- DHCS will be doing a Re-Procurement of all commercial Managed Care Plans (MCPs):
  - Draft MCP Request for Proposal (RFP) issued for comment in June 2021; San Diego County submitted comments to DHCS
  - Final MCP RFP late 2021, with applications due 60 days later; County Letters of Support to Follow (BOS 7/13/21)
  - New MCP contracts begin January 2024
  - 7 SD Medi-Cal MCPs continue for 2022 and 2023
  - BOS CalAIM/SDAIM Sub-Committee and Workplan Development in process
- San Diego County provided comments to DHCS on the CalAIM Section 1115 Demonstration and 1915(b) Managed Care Waiver Applications.

**Questions and Comments:**

**Comment from Seldin Harriet, Dr:** Pilot project in San Mateo starting next year so no changes will be made until then.

**Question from Tim Fraser:** Last slide, BOS sub-committee had multiple topics under one sub-committee is that correct? The board has not been involved, how do we get more involved before the comments get sent off?

**Answer from Julie Howell:** The details of CalAIM are still being worked out. Membership has not been specified. Does everyone have an opportunity to meet with the BOS? It's a really important recommendation and suggestion to make.

**Comment/Question from Wilma Wooten, Dr:** The chair of advisor board meet with Nick twice a year, then sup. Fletcher came to talk to the health services advisory board a few months ago. There is an opportunity for each board member to share their comments. There have been no sub-committee meeting. Is that accurate?

**Answer from Jennifer Tuteur, Dr :** yes

**Comment from Tim Fraser:** Encourage the county to look at the existing board because creating a whole new sub-committee when you have 2 boards are made up of providers, plans, consumers just creates a new sub-committee when you already have existing one could be an easy vehicle to use and making sure all everyone's is invited to the table. Health center partners were specifically excluded from a meeting where we would all make comments for the letter. We are the largest Medical provider representing San Diego clinic and want to make sure all of our voices are being heard.

**Comment from Lepanto, James:** I also want to point out, this is significant because we have 980,000 folks that it impacts, 1/3 of our population that will have some impact.

**Comment from Judith Yates:** I'm supporting Tim on his stand point of involving the board that could have been involved. I don't see where the board has been invited or encouraged to be informed.

**Comment from Lepanto, James:** This is exactly why I wanted to bring this letter to HSAB. This is from supervisor Fletcher, and it's a substantial change in reframing here. I don't know's happening to healthy San Diego, it sounds like in this letter that the county will have much more involvement in that. I read it as there was is a Covid sub-committee and that was already existing.

**Comment from Wilma Wooten, Dr:** James, did you say a Covid sub-committee? Yes, there is, since we declared the pandemic.

**Comment from Lepanto, James:** Is that not the way they are addressing this?

**Comment from Jennifer Tuteur, Dr:** On the bottom of page 5 of the board letter, they are using the structure of the Covid sub-committee where the chair and vice chair meet on a regular basis and as often as needed to go through urgent covid issues and ask for a vote from the BOS to expand the Covid sub-committee to look at the aspects to improve the delivery system for low income residents. The chairs for Covid sub-committee will expand the process to get input on

what lessons we have learned and know in order to help advance CalAIM and County wellness delivery system.

**Comment from Wilma Wooten, Dr:** We are using the current Covid sub-committee as the play book in some way, that currently is going to be expanded, to create a similar framework for CalAIM and external partner because Covid sub-committee is for internal.

**Comment/Question from Lepanto, James:** I appreciate that clarification, the way it was written it was confusing. It should be more clarified. It has already been voted on, why didn't this board letter come to the board to give input based on the expertise that we have?

**Comment from Wilma Wooten, Dr:** The board letter you are reviewing today is that action to come back but in terms of the discussion, Judith?

**Comment from Judith Yates:** This board letter landed and did not come to my board, it was after the fact and there's nothing we can do about it. To challenge some of the assumptions that I find unprofessional and aggravating. I don't have the right feeling about this. Not bringing it up to the board allowed a quiet discussion.

**Comment from Seldin Harriet, Dr:** Page 6 says, "...". It does not include dental. It is disturbing that the manage care includes dental, when it does not.

**Comment from Julie Howell:** I think it's important to remember that this is a new BOS, they don't understand what they don't know. They are anxious to make a mark and have a positive influence to the community. The challenge is to help inform the board.








**Comment from Tim Fraser:** We can't go alone, there are existing resources and boards that are to advise.

**Comment from Lepanto, James:** The hope is from the health service advisory board that our board and its expertise and passion will be used and our consult will be included, value added and this is exactly the type of things that should come to the board and again the health services advisory board.

**Question from Barry Jantz:** Whoever said that the "new board of supervisor don't know what they don't know" is essential what we're talking about right now. I am on this board now because I expected and anticipated that I'd be weighing on board letters like this in advance. I want to restate that everyone needs to be involved.

**Comment from Jennifer Tuteur, Dr:** The distinction in this letter was that it was brought by the board not by county staff. So this is a board letter, it seems small distinction but the board of supervisor each board member can write their own board letter and bring that forward to the board.

**Comment from Barry Jantz:** Thank you for saying that, because that is a nuance. It is a significant distinction and we need to be aware of that too. Sometimes the supervisor are going to bring something directly to the board.

	<p><b>Comment from Jennifer Tuteur, Dr:</b> We have a lot of CalAim work to do, there is a CalAim sub-committee our task force that is on the health east sub-committee and that has been meeting, I think 2 years now. I differ to Greg and James, just in the work we are doing in the community to get everything aligned, come January there is a lot of work and people doing the ECM work.</p> <p><b>Comment from Greg Knoll:</b> We have a number of ambitious people who are now a member of the BOS. They are moving fast and what has bothered me some, is that it appears that everything that occurred before then (bad) everything we create (good) and unfortunately it takes some maturity to be able to look and say there are some things we should keep and remove. Find out what it is before making assumptions.</p>
<p><b>V. Authorize Procurements for Immunization Services Board Letter</b> Presentation <i>Seema Shah, MD, Epidemiology and Immunizations Services Branch Medical Director</i></p>	<div data-bbox="1255 602 1308 662"></div> <div data-bbox="1186 667 1381 721"> <p>HSAB_EISB_IZService s.pptx</p> </div> <div data-bbox="856 732 1715 1354"> <div data-bbox="856 732 1715 841"> <p><b>OVERVIEW AND BACKGROUND</b></p>   </div> <div data-bbox="919 873 1003 948"></div> <div data-bbox="1045 870 1654 959"> <p><b>Immunizations are primary public health prevention activities useful to prevent death and disability from infectious diseases</b></p> </div> <div data-bbox="909 976 1014 1094"></div> <div data-bbox="1045 1000 1661 1089"> <p><b>California State Immunization Branch establishes a framework for immunization related services in all counties</b></p> </div> <div data-bbox="919 1133 1003 1219"></div> <div data-bbox="1045 1133 1619 1222"> <p><b>On average, \$1.8 million a year received in state grants funds. Historically, some of this is used for contracted immunization services.</b></p> </div> <div data-bbox="909 1247 1014 1354"></div> <div data-bbox="1045 1255 1640 1344"> <p><b>Existing contracted immunization services end June 30, 2022. Request approval to procure immunization services</b></p> </div> </div>

## IMMUNIZATION UNIT PROGRAM



The Immunization Program works to eliminate vaccine preventable diseases by optimizing the ability of the San Diego community to immunize its residents.



## OVERVIEW AND BACKGROUND



### San Diego County Context

#### Increases in Diseases

- 46% increase in vaccine preventable disease reports (2010 vs. 2019)
- In 2019, EISB responded to 824 cases of pertussis, 66 cases of mumps, 2 cases of measles and dozens of cases of Hepatitis A.
- In 2020, received 2,354 reports of vaccine prevention disease incidents (not including COVID19) requiring action.
- COVID-19 pandemic cases

#### Recent High-Profile Events and Outbreaks

- Hepatitis A outbreak– 2017
- SDSU Meningococcal B outbreak– 2018
- Measles cases– 2019
- COVID-19 pandemic response

## IMMUNIZATION UNIT AREAS OF EMPHASIS



**PREVENTION**

**DISEASE  
CONTROL AND  
RESPONSE**

- All the activities that we do fall into prevention and disease control and response.
- Emphasize the immunization area as prevention domain of disease control.
- Historically, the prevention portion of our services have been contracted out. We need consistent support for the disease control and response.
- We have a well-established San Diego Immunization Coalition in San Diego and the contracted team has helped advance this partnership in the County.

## IMMUNIZATION UNIT



### CORE ACTIVITIES

Prevention and Immunization Promotion

Disease Reporting & Surveillance

Case and Outbreak Investigations

Vaccine inventory & management

Health Outreach & Education

Immunization Registry

Technical assistance for schools

PEP/POD activities

Data Analysis, Evaluation & Assessment

## IMMUNIZATION UNIT CONTRACTED SERVICES



Services and Activities	Current Contract	New Procurement
Vaccine inventory and management support	X	Reduced role
Immunization Registry Help Desk	X	N/A
Evaluation of immunization coverage rates	X	X
Training, education and outreach	X	X
School entry immunization requirements assessment	X	X
Provider quality assurance	X	X
Coalition building	X	X
Immunization registry interface implementation	X	N/A
Education campaigns	X	Reduced role
Health equity and disproportionality work	X	Expanded role
Vaccine response and points of distribution (PODs) support	X	X
Contracted staff	19	Reduced FTE



	<ul style="list-style-type: none"> <li>• UCSD is current contractor, has been a partner for over 20 years</li> <li>• We anticipate in the next fiscal year some new procurement activities and this table shows what we anticipate for a new scope</li> <li>• We've been funded over the next few years with COVID-response funds to support vaccine inventory and management</li> <li>• The decision was made to migrate to the State immunization registry next July 1 so we do not anticipate immunization registry support</li> <li>• Expanded role: Health equity and disproportionality work – leverage our prevention messages</li> </ul> <p><b>Target population</b></p> <ul style="list-style-type: none"> <li>▪ Population of San Diego County</li> <li>▪ Congregate settings (Jails, Dorms, skilled nursing and long-term care facilities )</li> <li>▪ Healthcare and laboratory partners</li> <li>▪ Schools</li> <li>▪ Disease Response Partners</li> <li>▪ Others</li> </ul> <p><b>Benefits and outcome</b></p> <ul style="list-style-type: none"> <li>▪ Continuity of existing immunization support services</li> <li>▪ Establishment of new targeted immunization services</li> <li>▪ Strengthening of local disease prevention and control capacity</li> <li>▪ Establishment of additional capacity for health equity evaluations and data driven priorities</li> <li>▪ Support during outbreaks and surge response</li> </ul> <p><b>Funding</b></p> <ul style="list-style-type: none"> <li>• Long history of stable state grant funding for Immunization Unit and services</li> <li>• Total Funding for 5-Year Term (ends June 30, 2022): \$24 million <ul style="list-style-type: none"> <li>• Includes \$14 million in COVID-19 funding for vaccine operations</li> <li>• Approximately \$800k per year for procured services</li> </ul> </li> <li>• New grant award notice anticipated by March 2022 and future Board letter planned</li> </ul> <p><b>Action requested</b></p> <ol style="list-style-type: none"> <li>1. Authorization to competitively procure new contract(s) for programmatic and operational support for the San</li> </ol>	
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	<p>Diego County Immunization Unit</p> <p>2. Authorize the Health and Human Services Agency to pursue future infectious disease funding opportunities</p> <p><b>The ask</b></p> <p>Today we are requesting HSAB approval to move forward with this Board Letter action which would allow authorization of procurement of contracted immunization services</p> <p><b><u>Questions and Comments:</u></b></p> <p><b><u>Question from James Lepanto:</u></b> The education campaign is being reduced for Immunization, I was wondering what's the thinking on that?</p> <p><b><u>Comment from Wilma Wooten, Dr:</u></b> This particular contract replaces a new procurement that we have with UCSD, we're getting other funding sources to conduct education campaign.</p> <p><b><u>Motion:</u></b></p> <ol style="list-style-type: none"> <li>1. Moved by Tim Fraser and seconded by Greg Knoll.</li> <li>4. The motions carried and the documents were approved.</li> </ol>	
<p><b>VI. Authorize Single Source Procurement for Water Quality Lab Equipment Board Letter Presentation</b> <i>Syreeta Steele, PhD, Assistant Director, Public Health Laboratory</i></p>	<div data-bbox="1247 899 1310 964" data-label="Image"> </div> <p>HSAB 8-3-21_Authorize Sin</p> <p><b>Beach water testing</b></p> <ul style="list-style-type: none"> <li>San Diego County beach water quality testing performed by Public Health Lab</li> <li>The County received first-in-the nation coastal community approval from the California Department of Public Health and the U.S. Environmental Protection Agency to utilize the new Droplet Digital Polymerase Chain Reaction (ddPCR) method for rapid-testing of beach water samples.</li> <li>Droplet Digital Polymerase Chain Reaction (ddPCR) method for rapid-testing of beach water samples.</li> <li>Improved monitoring and providing faster test results will enable same-day public notification of beach water quality.</li> </ul> <p><b>pH LAB water testing data</b></p>	

## PH LAB WATER TESTING DATA



	ALL SITES	SOUTH COUNTY
<b>Locations</b>	74	9
<b>FY 18-19</b>	2,650	677
<b>FY 19-20</b>	4,801	1,578
<b>FY 20-21</b>	10,611	4,899

- There are 74 total sites, 9 are in South County.
- In FY 18-19, out of 2,650 DEHQ tests performed in the fiscal year, 25.5% of samples were from South County
- In FY 19-20, out of 4,801 DEHQ tests, 32.9% of samples were from South County.
- In FY 20-21, out of 10,611 DEHA tests, 46.2% of samples were from South County.

We expect to see an increase in FY 21-22 with the approval of the new testing method and increased beach water monitoring from DEHQ.

## INSTRUMENT OVERVIEW



QX ONE System employs the droplet digital polymerase chain reaction (ddPCR) assay, or testing method, that is the newest testing method available and will **improve the response time** in notifying the public when there is contamination in beach water.

### QX ONE design will:

- Provide **five times** the testing capacity
- Provide **more data**
- **Reduce** hands-on testing time

The QX ONE System employs the droplet digital polymerase chain reaction (ddPCR) assay, or testing method. It is the newest testing method available and will improve the response time of the County Department of Environmental Health and Quality (DEHQ) in notifying the public when there is contamination in beach water. QX ONE design will:

- Provide five times the testing capacity
- Provide more data
- Reduce hands-on testing time

## HOW EQUIPMENT WILL IMPROVE RESPONSE TIME



LIVE WELL  
SAN DIEGO



Methodology five years ago was 7296 hours to obtain results.  
Transitioned to 2824 hours.  
Current approved methods reports results in 18-28 hours.



QX One equipment and new molecular method will move us to same day reporting.



Samples will be collected in the morning and results will be available in the afternoon, which leads to more timely notification to the public by DEHQ.

## LIVE WELL SAN DIEGO



LIVE WELL  
SAN DIEGO

Public Health Laboratory supports the Building Better Health component of the County's *Live Well San Diego* vision by:

Providing accurate, reliable, and valid test results.



Enabling DEHQ to provide same-day public notification of beach water quality.



Protecting the health of residents and visitors to San Diego County beaches.

Public Health Lab through the purchase of the QX One equipment supports the Building Better Health component of the County's *Live Well San Diego* vision by:

- Providing accurate, reliable, and valid test results

- Enabling DEHQ to provide same-day public notification of beach water quality and
- Protecting the health of our residents and visitors to San Diego County beaches.

## FISCAL IMPACT



The contract funding pays for the ddPCR system, preventative maintenance, and consumables.

FY 21-22	Option Years through FY 25-26
<b>\$665,000</b>	<b>Up to \$250,000/yr</b>

### Funding Source

**Realignment**

There will be no change to the net General Fund cost and no additional staff years.

- The contract funding pays for the ddPCR system, preventative maintenance, and consumables.
- The total contract amount is up to \$1.6 million over 5 years.
- The initial term is \$665,000 and up to \$250,000 annually.
- The funding source is Realignment.
- There will be no change in net General Fund cost and no additional staff years.

## RECOMMENDATIONS



1. Authorize the Director, Department of Purchasing and Contracting to enter into a single source contract with Bio-Rad for the QX ONE Droplet Digital Polymerase Chain Reaction system and consumables for one year and up to four option periods through July 1, 2016, and an additional six months if needed.

2. Authorize the Director, Department of Purchasing and Contracting to amend the contract as needed to reflect changes to requirements and funding, subject to the approval of the Agency Director, Health and Human Service Agency.

3. Authorize the Agency Director, Health and Human Services Agency, to apply for additional funding opportunity announcements, if available, that address improvement of beach water monitoring for San Diego County residents.

### Anticipated outcomes

- Increased volume of requests from DEHQ to perform new rapid-testing on beach water samples at the beaches in San Diego County, including daily testing in the South County.
- Improved response time to same-day results will reduce exposure to contaminated water and potential illnesses in the community in comparison to the current approved methods, which report results 18-24 hours later.

### Motion:

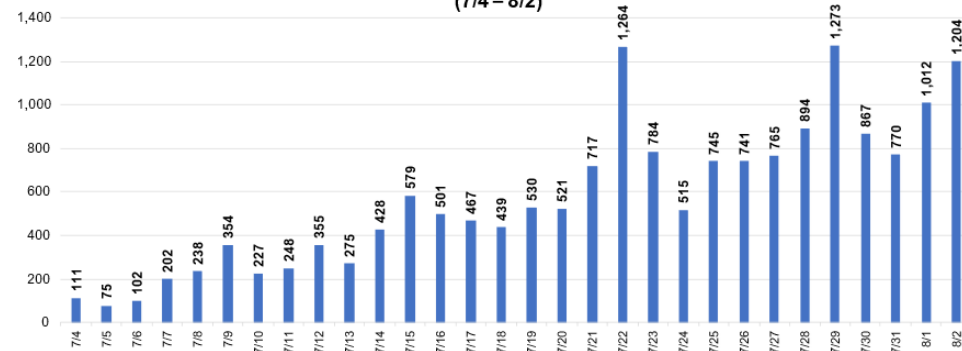
1. Moved by Greg Knoll and seconded by Hailey, Katelyn
2. The motions carried and the documents were approved.

<p><b>VII. Chair's Report</b></p>	<p><b>Comment from James Lepanto re all these topics</b></p> <p>A. HSAB Meeting Logistics.  - Will continue to meet virtually</p> <p>B. Dark in December 2021.</p> <p>C. Scheduling HSAB Advance.  - Advance in Jan./Feb. 2022</p> <p>D. Community Inspiration Awards.  - Next Month – Possibly in the Board of Chambers</p> <p>E. HSAB Youth Board Member.  - James did a presentation on the board</p> <p>F. COVID-19 Updates.  • Press Briefings on County Facebook page:  <a href="https://www.facebook.com/sandiegocounty/">https://www.facebook.com/sandiegocounty/</a></p>	
<p><b>VIII. Informational Items</b></p>	<p><b>Comment from James Lepanto re all these topics</b></p> <p>A. Subcommittee and Work Group Updates.</p> <ul style="list-style-type: none"> <li>• Policies &amp; Program.</li> <li>• Budget.</li> <li>• Legislative Committee.</li> <li>• Community Inspiration Awards Work Group</li> </ul> <p>No questions/comments</p>	
<p><b>IX. Health Officer Report</b></p>	<div data-bbox="1247 1235 1304 1295" data-label="Image"></div> <p>USE THIS ONE_HSAB Meeting Update_0803</p>	



## COVID-19 CASES

COVID-19 Cases Among San Diego County Residents  
New Cases by Date Reported, Last 30 Days  
(7/4 – 8/2)



Data through August 2, 2021;  
Updated August 3, 2021

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## COVID-19 CASES

COVID-19 Investigations Summary		San Diego County Residents		
Day Reported	Confirmed Cases	Probable Cases	Case Investigations	Contact Investigations
Previous Day	1,204	55	1,341	242
	Count	Change from Previous Report (8/2/2021)	%	Rate per 100,000
Total Confirmed Cases <sup>†</sup>	300,189		100.0%	8,956.1
Total Probable Cases	17,209			
Total Case Investigations	341,860			
Contact Investigations	160,634			
Selected Characteristics of Confirmed Cases				
Age Groups				
0-9 years	17,035		5.7%	3,929.4
10-19 years	33,579		11.2%	7,742.2
20-29 years	68,059		22.7%	12,819.2
30-39 years	53,958		18.0%	11,011.5
40-49 years	42,430		14.1%	10,630.5
50-59 years	39,285		13.1%	9,713.2
60-69 years	25,193		8.4%	7,403.1
70-79 years	11,838		3.9%	5,922.0
80+ years	8,649		2.9%	7,217.8
Age Unknown	163			
Gender				
Female	153,031		51.3%	9,209.3
Male	145,122		48.7%	8,586.7
Gender Unknown	2,036			
Hospitalizations*	15,908	8	5.3%	
Intensive Care**	1,729	0	0.6%	
Deaths	3,803	5	1.3%	

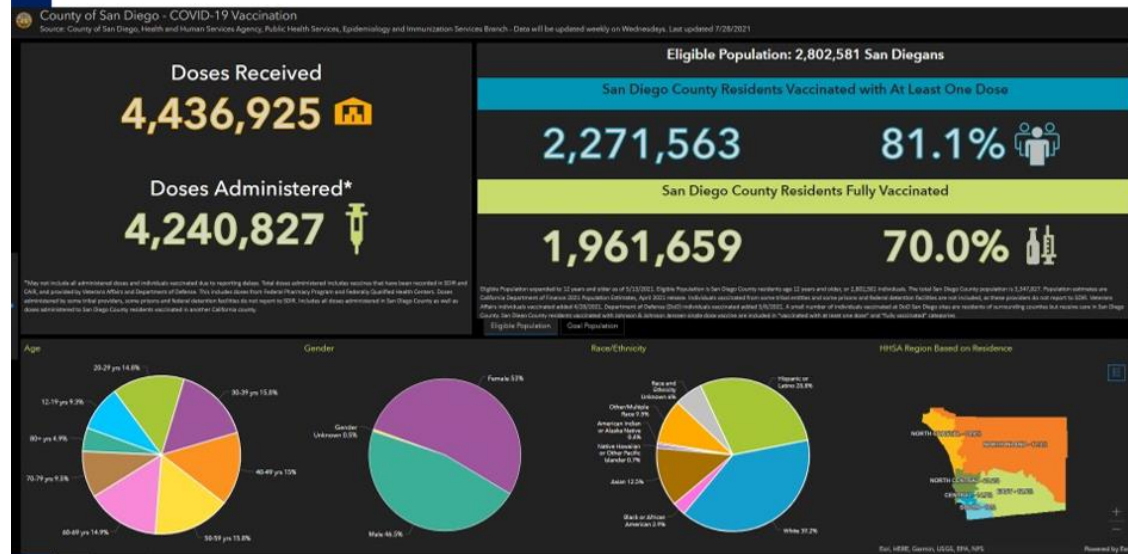
54.8% of cases are between the ages of 20 and 49 years

Data through August 2, 2021;  
Updated August 3, 2021

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- The 20 to 49-year-old age group continues to comprise 54.8% of all cases or 164,447 of the total number.
- Gender remains unchanged with 153,031 or 51.3% being Female and 145,122 or 48.7% being Male, and 2,036 individuals have no gender identified.

- Hospitalizations make up 5.3% or 15,908 of all cases.
- Furthermore, 1,729 of those hospitalized have been admitted to the ICU; these numbers are ALSO decreasing and make up approximately 0.6% of the total number of cases.
- All COVID-19 data and more information can be found on the [www.coronavirus-sd.com](http://www.coronavirus-sd.com) website.



## Vaccine Rate per County – Southern California

County	Doses Administered*	Population 12 Years and Older**	Vaccination Rate***
San Diego	4,333,203	2,802,581	154.6
Imperial	220,352	155,689	141.5
Orange	3,699,560	2,740,277	135.0
Ventura	974,688	727,253	134.0
Los Angeles	11,358,366	8,675,422	130.9
Santa Barbara	492,674	383,800	128.4
San Luis Obispo	297,800	247,525	120.3
Riverside	2,217,508	2,104,039	105.4
San Bernardino	1,841,908	1,832,174	100.5
Kern	669,349	753,968	88.8

\*Includes first and second doses. Source: California Department of Public Health (CDPH), posted Tuesday, August 3, 2021. San Diego County additional sources: Veterans Affairs and Department of Defense.

\*\*Source: CA Dept of Finance 2021 Projections.

\*\*\*Rate of doses administered per 100 population 12 years and older. Vaccination Rates may exceed 100 due to Moderna and Pfizer requiring two doses to be fully vaccinated. There will be more doses administered than the number of individuals in the eligible populations.

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## Vaccine Rate per County – Top 12 Populations

County	Doses Administered*	Population 12 Years and Older**	Vaccination Rate***
San Diego	4,333,203	2,802,581	154.6
Santa Clara	2,694,924	1,681,721	160.2
San Francisco	1,236,645	784,628	157.6
Alameda	2,159,443	1,436,253	150.4
Contra Costa	1,507,485	1,004,995	150.0
Orange	3,699,560	2,740,277	135.0
Los Angeles	11,358,366	8,675,422	130.9
Sacramento	1,598,862	1,317,710	121.3
Fresno	890,518	841,654	105.8
Riverside	2,217,508	2,104,039	105.4
San Bernardino	1,841,908	1,832,174	100.5
Kern	669,349	753,968	88.8

\*Includes first and second doses. Source: California Department of Public Health (CDPH), posted Tuesday, August 3, 2021. San Diego County additional sources: Veterans Affairs and Department of Defense.

\*\*Source: CA Dept of Finance 2021 Projections.

\*\*\*Rate of doses administered per 100 population 12 years and older. Vaccination Rates may exceed 100 due to Moderna and Pfizer requiring two doses to be fully vaccinated. There will be more doses administered than the number of individuals in the eligible populations.

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## COVID-19 VARIANTS

	B.1.1.7		P.1		B.1.617.2	
WHO Label	Alpha		Gamma		Delta	
Location First Detected	U.K.		Brazil		India	
Total Confirmed Cases	2,354		405		162	
Onset Illness Date Range	11/18/20 – 6/29/21		9/12/20-6/30/21		4/5/21-7/6/21	
Hospitalizations	41	1.7%	5	1.2%	8	4.9%
Deaths	2	0.1%	0	0.0%	4	2.5%
Median Age (Years)	30		28		30	
Age Range (Years)	0-93		0-91		4-92	
Female	1,196	50.9%	193	47.8%	81	50.0%
Male	1,152	49.1%	211	52.2%	81	50.0%

\*Variants of Concern with case counts <10 are not included in this table. Currently, 5 cases of B.1.351/Beta (first detected in South Africa) have been reported.

Variants of Interest (VOI) are not included in the above table:

VOI	B.1.427	B.1.429	B.1.525	B.1.526	B.1.617.1	P.2
Location First Detected	California	California	U.K./Nigeria	New York	India	Brazil
WHO Label	Epsilon	Epsilon	Sigma	Tau	Kappa	Delta

\*Confirmed cases are based on whole genome sequencing (WGS) results, which are not available until approximately 2–4 weeks after initial testing. These results do not represent all variant cases in San Diego County. Not all confirmed case samples are sequenced and not all sequencing results are immediately available to Public Health Services. Case counts will be updated as sequencing results become available. †If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead. §Persons of Hispanic/Latino ethnicity may belong to any race group. All categories except Hispanic/Latino include persons for whom race is known but ethnicity is non-Hispanic or unknown. Data are preliminary and subject to change. Source: San Diego County Communicable Disease Registry Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch  
Data through 7/27/2021. Updated 7/28/2021.

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## POST VACCINATION SARS-CoV-2 INFECTIONS

San Diego County Residents				
	Fully Vaccinated*		Not Fully Vaccinated†	
Total Confirmed Cases*	2,251		115,382	
Hospitalizations	22	1.0%	5,378	4.7%
Deaths	6	0.3%	1,225	1.1%
Age				
Median Age (Years)	42		34	
Age Range (Years)	12 – 104		0 – 112	
Sex				
Female	1,280	57.2%	58,132	50.8%
Male	957	42.8%	56,258	49.2%
Variants of Concern				
B.1.1.7 (Alpha)	40		2,240	
P.1 (Gamma)	11		390	
B.1.427 (Delta)	34		128	
Non-VOC	11		1,925	
Information on sequencing not available	2,155		110,699	

\* Cases who first tested positive (based on specimen collection date) greater than or equal to 14 days after receiving the second vaccine.  
Data through 7/27/2021. Updated 7/28/2021.

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## I. Communicable Disease Issues

### A. Infectious Disease Issues

#### 1. 2019 Novel Coronavirus

- See [COVID-19 Watch](#), published Wednesday, 7/27/21. (Will also send the 8/4/21 publication.)
- Currently vaccinating all individuals 12 years of age and older.
  - 4/1 – began vaccinating all persons 50 years and older (Phase 1C).
  - 4/15 – began vaccinating all persons 16 years and older (Phase 2).
  - 5/13 – began vaccinating all persons 12 years of age and older.
- 2. On 6/15/21, The State of California retired the tiered system on physical distancing, and capacity limits.
  - San Diego County was in the yellow tier at the time of the retirement of the system.
  - County to scale back vaccine efforts beyond June of 2021.
    - Vaccine will be readily available at hundreds of locations, including pharmacies, health care providers, etc.
    - County will maintain limited vaccination sites and testing sites.
    - On 6/16/21, The County held the last regularly scheduled press briefing for COVID-19.
    - This marked 501 days since the Emergency Operations Center opened for response.
- 3. On 7/28/21, The County, in alignment with the Center for Disease Control and Prevention (CDC), made the recommendation, that all people, both fully vaccinated and not, wear masks indoors.
- 4. The current number of COVID-19 cases as of 7/23/21 in the U.S. is over 34,248,054 and 607,684 deaths.
  - California Cases
    - The current number of cases in CA is now 3,786,031 cases and 63,741 deaths.
  - San Diego Cases
    - San Diego County residents – 289,367 with 3,788 deaths.
- 5. The current number of COVID-19 vaccines administered as of 7/22/2021 is as follows:
  - 2,802,581 = San Diego County population 12 years of age and older (eligible population).
  - 2,101,936 or 75% = State goal to vaccinate eligible population.
  - 4,409,505 total vaccine doses received in the region.
  - 4,191,813 doses administered and entered in SDIR.
  - 2,246,276 (80.2%) San Diego County residents have received one dose.
    - Achieved State goal to vaccinate 75% of the eligible population.

- **1,861,261 (66.4%) San Diego County residents only are fully vaccinated.**
- **Vaccination sites include community PODs, Super Stations, other partners.**
- **View all information at [www.coronavirus-sd.com](http://www.coronavirus-sd.com).**

## II. Board Actions and Policies

### A. Major Initiative Updates

#### 1. Getting to Zero

- Dr. Tilghman continues to try to engage HASDIC to get on an upcoming meeting agenda. The Medical Advisory Committee members also have requested a “champion” for routine HIV testing in the Board of Supervisors. The next meeting is not currently scheduled due to COVID-19.
- The HIV, STD, and Hepatitis Branch has been awarded \$9,693,670 in Ending the HIV Epidemic funding for HIV prevention for the time period 8/1/2020-7/31/2025. This complements the \$5,000,000 awarded earlier this year for Ending the HIV Epidemic funding for HIV care and treatment for 3/1/2020-2/28/2025. Procurements necessary to administer the services in each of the grants are under development.

#### 2. Hepatitis C Initiative – Approved by the Board of Supervisors in November of 2018.

The initiative is on track and continues to be a collective impact approach with American Liver Foundation providing a coordination role along with the participation and leadership of multiple other stakeholders.

- Meetings for all committees have initiated and on track (Steering; Research and Surveillance; Access, Testing, and Treatment; and Consumer).
- **The Hepatitis C Elimination Initiative Implementation Plan Board Letter was presented and voted for support by the Board of Supervisors on 7/13/21.**

#### 3. Tuberculosis Elimination Initiative

- In 2/21, the AOC submitted the TBEI Board Memo and Recommendations Report to the County Board of Supervisors that describes barriers to LTBI care, recommendations for progressing toward TB elimination and experiences of TB survivors.
- **The TB Elimination Initiative Implementation Plan Board Letter is scheduled to be presented to the Board of Supervisors on 7/13/21.**

#### 4. Tobacco Retail Licensing Program:

- In addition to applying for and obtaining a County Tobacco Retail License (TRL), tobacco retailers must comply with other eligibility, operating, and tobacco product requirements. All retailers will be required to renew their TRL and pay an annual application fee (amount to be determined) by 7/1/22.
- The County of San Diego began receiving and processing TRL applications

on 6/1/21.

### III. Public Health Issues

#### A. The following Health Observances Days are being held in the month of August:

1. National Farmer's Market Week: 8/1/21 to 8/7/21
2. National Immunization Awareness Month: All of 8/21
3. National Breastfeeding Month: All of 8/21
4. International Overdose Awareness Day: 8/31/21

#### B. New Grants:

1. Epidemiology and Laboratory Capacity (ELC) Original and Expansion (Approved by the BOS on 6/8/21)
  - The County of San Diego received two funding allocations for the Epidemiology and Laboratory Capacity (ELC) Enhancing Detection grant (original and expansion). The plan for this funding spans six different strategies that collectively build upon current investments and better prepare the County to respond to the needs of the community, allowing for prioritization of resources to serve those most vulnerable to the impacts of SARS-COV-2/COVID-19 and to build infrastructure for preparedness to address other outbreak responses caused by infectious disease.
  - These activities are funded by the Centers for Disease Control and Prevention and extend over two funding periods from 5/18/20 to 11/17/22 (original) and 1/15/21 through 7/31/23 (expansion).
  - These funds are intended to provide critical resources to local health departments for a broad range of activities related to COVID-19 testing and epidemiologic surveillance, including the establishment of modernized systems which will lay the foundation for the future of public health surveillance.
  - Funding amounts: Original – \$20,177,680; Expansion - \$123,774,567.
2. **Center for Disease Control and Prevention (CDC) National Initiative to address COVID-19 Health Disparities** Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (RFA OT21-2103).
  - **Approved by the BOS on 7/13/21**
  - MCFHS developed the grant application on behalf of Public Health Services (PHS), which included an extensive stakeholder engagement process with internal County departments to determine activities to leverage or enhance existing COVID-19 response efforts and ensure

sustainable public health capacity building efforts for future emergency responses.

- Public Health Services received the notice of award on 5/28/21 for the full award amount of \$24,255,805.
- The *San Diego COVID-19 Health Disparities Project* supports the expansion and strengthening of the local COVID-19 response and prevention capacity through activities in 4 strategies:
  - Increased testing, tracing, and vaccinations,
  - Improved public health data systems,
  - Improved linkages to health and social services for vulnerable populations, and
  - Expanded public health infrastructure for COVID-19 prevention and control to reduce health disparities and expand health equity.
- Priority populations include racial and ethnic minorities and other low-income populations that have been disproportionately affected by the COVID-19 pandemic.
- This project is funded by Centers for Disease Control and Prevention (CDC) through the period 6/1/21 through 5/31/23 and will be implemented in collaboration with County staff, community partners, and contracted service providers. Funding amount is \$24,255,805.
- **The Board Letter to accept the funds was approved on 7/13/21.**

**C. Ongoing Funding**

**1. Kresge Emerging Leaders in Public Health Grant:**

- Working with the *Live Well San Diego* Team to contract with speaker, Trabian Shorters, to provide a series of community conversations on Asset Framing.
  - This is a five-part series where the first session, Session #1: Asset-Framing Keynote, will be paid for by Kresge grant funding.
  - There are four sessions scheduled on a quarterly basis where a select group of ~50-100 people work in a cohort to do a “deep dive” on topics within the Asset Framing subject.

**2. National Association of Chronic Disease Directors (NACDD) Multi-state EHR-based Network for Disease Surveillance (MENDS)**

- San Diego Health Connect has discontinued their participation. HHS is looking for other opportunities to continue the project in conjunction with other critical Public Health IT projects.

**3. STD Funding:**

- San Diego received notice of funding award for STD services in the amount of \$1,045,125 for the period of 7/1/19 to 7/30/24. This represents an annual decrease of \$228,024 per year. CDPH has directed most of the funding to health jurisdictions experiencing high rates of congenital syphilis and syphilis among women of childbearing age.
- HSHB is receiving \$775,254 in STD funding from CDPH State Local Assistance Funds for the time period of 7/1/2019 to 6/30/2022 for STD prevention and control



activities. Fifty percent of the funding will be contracted out to local community providers.

**4. CalFresh Healthy Living** (Formerly known as NEOP or Nutrition Education and Obesity Prevention, through the SNAP-ED Program):

- San Diego Unified School District contract amendment is in process to add:
  - \$105,000 in FFY 21 for additional Resource Teacher support, training, and materials
  - \$131,000 for additional Resource Teacher in Federal FY 22
- Vista Community Clinic contract amended 7/15/21 to add:
  - \$250,000 annually through 7/30/23 for Healthy Cities, Healthy Resident (HCHR) program expansion into two (2) additional cities, Oceanside and Escondido
- **Perinatal Equity Initiative (PEI):**
  - Phase 3 of the Black Legacy Now Media campaign ran in 4/21 and 5/21.
  - The Board of Supervisors authorized acceptance of PEI funding and to pursue future opportunities on 5/18/21.
  - **The next PEI Community Advisory Board meeting will be held on 9/10/21 via Microsoft Teams.**

**5. CDC Racial and Ethnic Approaches to Community Health (REACH) Grant Supplemental Funding**

- CDC announced a new supplemental funding opportunity to promote vaccine awareness for the second supplemental grant, SD REACH: Expanding Vaccination Coverage, was awarded on 3/30/21 for \$629,640 for an 18-month period between 3/30/21 through 9/29/22.
  - This program will support adult COVID-19 and influenza vaccination coverage for racial and ethnic groups (African Americans, Native Hawaiian/Pacific Islanders, and Hispanic Americans) who are experiencing disproportionate vaccination rates and are at risk for adverse health outcomes associated with influenza and COVID-19.
- The following contractors will be established to support the grant activities:
  - Fairbank, Maslin, Maullin, Metz & Associates, Inc. (FM3 Research) - \$60,000 to administer vaccine hesitancy survey.
  - Community survey launched 6/14/21 and concluded 6/28/21 with report out expected 7/2/21.
  - Brown Marketing Inc. - \$40,000 to develop and implement a tailored COVID-19 and Influenza communications plan.
  - Community Health Worker Contracts - \$260,000 for up to three contracts to provide COVID-19 and Flu vaccination education and outreach

## IV. Board Letter Forecast

June 2021			
1. Getting to Zero Annual Update 2021	Board Memo	HSB	Patrick Loose

		2. Provide COVID-19 Update	6/8/21	HHSA	Dr. Wooten
		3. Harm Reduction Report Back	6/8/21	BHS	Dr. Bergmann
		4. Budget Hearings	6/14/21 & 6/16/21		
		5. Budget Deliberations and Adoption	6/29/21		
		<b>July 2021</b>			
		6. Provide COVID-19 Update	7/13/21	HHSA	Dr. Wooten
		7. Accept TB Control and Prevention and Refugee Health Assessment Services Revenue FY 21/22 and Receive TB Elimination Initiative Implementation Plan	7/13/21	TBCRH	Maggie Santibanez
		8. Receive the Eliminate Hepatitis C County of San Diego Initiative Implementation Plan	7/13/21	HSHB/EI SB	Patrick Loose & Jeff Johnson
		9. Accept CDC Funding for COVID-19 Health Disparities Services and Authorize Related Procurements	7/13/21	MCFHS	Adrienne Yancey
		10. General Plan Amendment	7/14/21	LUEG	Planning and Development Services
		<b>August 2021</b>			
		11. Authorize Immunization Services Procurements	8/17/21	EISB	Jeff Johnson
		12. Authorize Water Quality Laboratory Equipment Single Source Procurement	8/17/21	EISB	Brett Austin
		13. Provide COVID-19 Update and Authorize Single Source Procurement with Abbott Labs for Alinity I Analyzer	8/17/21	HHSA	Dr. Wooten
		<b>September 2021</b>			
		14. Provide COVID-19 Update	9/14/21	HHSA	Dr. Wooten
		<b>October 2021</b>			
		15. Provide COVID-19 Update	10/5/21		
		16. Provide Update for TRL Program Evaluation	10/19/21	MCFHS	Alison Sipler
		<b>November 2021</b>			
		17. Provide COVID-19 Update	11/02/21		
		<b>December 2021</b>			
		18. Provide COVID-19 Update	12/07/21		
		<b>TBD</b>			

Provide Kratom Ordinance Recommendations

Authorize HIV Outpatient Ambulatory Health Services Procurements

## V. Announcements

### A. Personnel

#### 1. New Hires:

- Dr. Eric McDonald has deferred retirement and transitioned to the position of Chief Medical Officer, Medical Care Services Division.
- Leslie Ray was promoted from Senior Epidemiologist to the Chief of Agency Operations for the Community Health Statistics Unit within Public Health Services Administration.

## vi. Site Visits/Audits

Timeframe	Description	Auditor
Visit: 6/21/21 – 6/25/21 Report: TBD	CalFresh annual site visit (virtual) with California Department of Public Health (CDPH)	CDPH Project Officer, Rosanna Oliva
<b>Visit: 6/7/21 Report: TBD</b>	<b>County of San Diego-Auditor &amp; Controller-Office of Audits &amp; Advisory Services conducting an audit of PHS Continuity of Operations Plan (COOP) for FY 2019-20 and FY 2020-21</b>	<b>County of San Diego Auditor &amp; Controller- Office of Audits &amp; Advisory Services</b>
Visit: 6/7 of 2021 Report: TBD	California Department of Public Health (CDPH) Immunization Branch Vaccines for Children (VFC) Compliance Visit (virtual) at each of our 7 HHS Public Health Centers. These are often done annually at settings that store and distribute VFC funded vaccine.	CDPH Immunization Branch
<b>Visit: 7/28 to 8/2 of 2021 Report: TBD</b>	<b>Centers for Disease Control (CDC) REACH Cooperative Agreement Annual Site Visit (virtual)</b>	<b>CDC Program Officer, Stormie Isreal</b>
Visit: 8/16/21 Report: TBD	Health Resources and Services Administration site visit (virtual) for Ryan White Part A to cover programmatic and fiscal review.	Health Resources and Services, Lennwood Greene and Sonya Hunt-Gray
Visit: TBD Report: TBD	Centers for Disease Control (CDC) Cooperative Agreement Annual Site Visit.	CDC Program Officer

	<div> <div>Visit: Nov 2021 Report: TBD</div> <div>CDC Division of Select Agents and Toxins site visit to the Public Health Lab</div> <div>CDC Lab Staff</div> </div>	
	<p><b>VII. Recognitions and Awards</b></p> <p>A. On 5/21/21, San Diego County HHSA PHS Department was notified of receiving six awards from proposals made to the National Association of Counties (NACo). The proposal titles that were awarded include the following:</p> <ol style="list-style-type: none"> <li>1. Vital Check</li> <li>2. San Diego County Perinatal Equity Initiative</li> <li>3. Whole Genome Sequencing</li> <li>4. COVID-19 Early Alert System: Safer at School Early Alert System</li> <li>5. Public Health Cross Jurisdictional Strategist and</li> <li>6. County Elimination Initiatives</li> </ol> <p>Submitted by Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, 8/3/21.</p>	
<b>X. Round Table</b>	No comments or questions	
<b>XI. Public Comment (on agenda items)</b>	<u><b>Comment from Afflalo, Suzanne, Dr:</b></u> Reminder that there is a monthly health fair tomorrow at the Jacky Robinson YMCA & offering sports physical for the youth for free and vaccination for anyone over 12. Two other events, Assembly Women & Back to school backpack event on 8/14 at Horsemann Middle School.	
<b>XII. Adjournment</b>	Meeting adjourned at 4:48 pm.	
<b>XIII. Supplemental Information</b>	Next HSAB Meeting: Tuesday September 7 <sup>th</sup> , 2021, 3:00 – 5:00 pm – Microsoft Teams	